

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF			
1. CONTRACT/PURCH ORDER/AGREEMENT NO.			2. DELIVERY ORDER/CALL NO.			3. DATE OF ORDER/CALL (YYYYMMDD)		4. REQUISITION/PURCH REQUEST NO.		5. PRIORITY			
6. ISSUED BY <div style="text-align: right;">CODE</div>				7. ADMINISTERED BY (If other than 6) <div style="text-align: right;">CODE</div>				8. DELIVERY FOB <div style="text-align: right;">DESTINATION</div> <div style="text-align: right;">OTHER (See Schedule if other)</div>					
9. CONTRACTOR <div style="text-align: right;">CODE</div> <div style="text-align: right;">FACILITY</div>				10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)				11. X IF BUSINESS IS <div style="text-align: right;">SMALL</div> <div style="text-align: right;">SMALL DISADVANTAGED</div> <div style="text-align: right;">WOMEN-OWNED</div>					
NAME AND ADDRESS				12. DISCOUNT TERMS				13. MAIL INVOICES TO THE ADDRESS IN BLOCK					
14. SHIP TO <div style="text-align: right;">CODE</div>				15. PAYMENT WILL BE MADE BY <div style="text-align: right;">CODE</div>				MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.					
16. TYPE OF ORDER		DELIVERY/CALL		This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.									
PURCHASE				Reference your _____ furnish the following on terms specified herein.									
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
NAME OF CONTRACTOR				SIGNATURE				TYPED NAME AND TITLE				DATE SIGNED (YYYYMMDD)	
If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT		
*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA <div style="text-align: right;">BY:</div>					25. TOTAL		29. DIFFERENCE S		
26. QUANTITY IN COLUMN 20 HAS BEEN <div style="text-align: right;">INSPECTED</div> <div style="text-align: right;">RECEIVED</div> <div style="text-align: right;">ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED</div>						27. SHIP. NO. <div style="text-align: right;">PARTIAL</div> <div style="text-align: right;">FINAL</div>		28. D.O. VOUCHER NO.		30. INITIALS			
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						31. PAYMENT <div style="text-align: right;">COMPLETE</div> <div style="text-align: right;">PARTIAL</div> <div style="text-align: right;">FINAL</div>		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. <div style="text-align: right;">DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER</div>										34. CHECK NUMBER			
										35. BILL OF LADING NO.			
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			